British Dental Association.

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REPORT ON THE INSTITUTION, MAINTENANCE AND ADMINISTRATION OF PUBLIC DENTAL SERVICES AND TREATMENT CENTRES.[1]

(*Approved by the Representative Board, October*, 1934.)

Introduction.

(1) In the past it was inevitable, and under the circumstances desirable, that schemes of Public Dental Service should be conducted on varying lines on account of their experimental character. The independent development of these Schemes and Services, each under its particular authority, led to some overlapping. Now, however, sufficient experience has been gained to permit of concrete suggestions being offered as to the principles on which the Public Dental Services and Treatment Centres might best be co-ordinated so as to promote economy and efficiency.

(2) Examples of such possible overlapping are to be found in the separate existence of: (1) School dental services under the local education authority; (2) maternity and child welfare, tuberculosis and other services under the various committees of the local government authority; and (3) dental hospitals attached to dental schools.

(3) For the purpose of this report, public dental service has been considered under five main groups: (*a*) school dental service—the provision of which is a statutory obligation on local authorities, so far as the elementary school population is concerned; (*b*) maternity and child welfare, tuberculosis, venereal disease, blindness, mental deficiency; (*c*) public assistance dental services; (*d*) voluntary dental hospitals; (*e*) the adolescent.

(4) Before entering on a detailed consideration of each main group certain general requirements common to each must be noted.

(5) *Preventive Dentistry.*—Although, under present conditions, public dental services must provide primarily for the curative rather than the preventive branches of dental surgery, it is considered that the teaching of preventive methods is the ideal function of a public health service. Accordingly the principles of prevention laid down in a previous report issued by the Association ("Means of promoting Preventive Dentistry, &c.") are applied in this report, e.g. care of the nursing and expectant mother, the pre-school child, the school child, leavers and the adolescent.

(6) *Treatment Centres.*—In contradistinction to inspection, treatment should, with few exceptions, be carried out in a dental surgery, and this requirement has led to the establishment of treatment centres. If adequate staff and accommodation are provided, the treatment of large numbers of patients can be carried out more expeditiously at such centres than would be possible on the premises of a private practitioner. It is fully realised that the service at such centres must be regulated if the usefulness

[1] (*This Report embodies in a revised form the following Reports previously published by authority of the Representative Board: "Suggestions for the Standardisation and Co-ordination of Public Dental Services,"* 1921; *"On the Organisation and Staffing of the School Dental Services,"* 1922.)

of the family dentist is to be conserved. *Treatment* should be available to those only whose circumstances do not allow of their attending a private practitioner.

School Dental Service.

(7) It is difficult to compile from school dental reports any summary of the working of the service owing to the diversity of form in which the reports are presented. Sufficient information is available, however, to suggest that there exist wide variations in methods of administration, of treatment, and even in conception as to the function of the service.

(8) It is not desirable to suggest a minimum output of work per centre throughout the service ; it is possible, however, to put forward suggestions which, if adopted generally, would, it is considered, make for efficiency and economy. (See para. 11).

(9) Satisfactory results in the operation of school dental schemes are dependent upon a variety of factors, amongst which : (*a*) adequate staffing ; (*b*) adequate assistance ; (*c*) satisfactory conditions of service ; and (*d*) central control and its organisation, are probably the most important.

(*a*) *Adequate Staffing.*—It is considered that a school dental officer may reasonably be expected to inspect 2,300 children per annum and of that number to treat 1,600, assuming a 100 per cent. rate of acceptance. The figure of 2,300 quoted is put forward by the Chief Medical Officer of the Board of Education as necessary for a complete scheme, and until such time as the acceptance rate improves it is recommended that the staffing requirements should be based on a ratio of 4,000 children per dentist rather than the present average ratio of one officer to 9,000 children.

(*b*) *Adequate Assistance.*—Educational authorities have not yet fully appreciated the essential economy of providing their dental officers with sufficient assistants such as dental nurses or attendants ; it may safely be laid down as an axiom that every dental officer should have at his sole disposal at least one such nurse or attendant.

(*c*) *Conditions of Service.*—The Public Service should offer the prospect of a satisfactory career with reasonable security of tenure. There should also be (1) adequate remuneration, (2) opportunities for promotion and (3) the prospect of pension or retiring allowance.

If a sufficiency of candidates is to be forthcoming for the expanded service of the future, it is essential that the foregoing recommendations should be adopted so as to increase the number of candidates who aim at a career in the Public Service, and to retain their services for a longer period than has been usual in the past. The provision of pensions after a fixed period of service would, it is considered, do much to attain this object.

Opportunities for promotion by the appointment of experienced officers as senior dental officers would also serve to make a career in the Service attractive. Such appointments are indeed a necessity where more than one dental officer is employed, and their value in increased efficiency of school dental schemes is recognised by the Board of Education.

The institution of a special course of training for a Diploma in Public Dentistry will, it is hoped, stimulate candidates for the Public Service to seek the wider knowledge of their work so offered.

(*d*) *Central Control and its Organisation.*—The system of placing the school dental service under the complete control of the Director of Education or the School Medical Officer's department is unsatisfactory. Neither Directors of Education, School Medical Officers, nor Medical Inspectors of the Board of Education, can be expected to be conversant with the technical details of a dental officer's work ; they are

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therefore compelled to rely for their judgments as to efficiency on statistical reports of work. A statistical abstract of the work of a dental officer does not by itself afford any reliable evidence as to his comparative efficiency, it being impossible to estimate this correctly without reference to the thoroughness or otherwise of the work accomplished. It follows, therefore, that if the central control and supervision suggested are to be effective, they must necessarily be undertaken by dental officers who will be competent not only to direct the administrative side of the work, but (what is infinitely more important in the interest of public health) competent to criticise it from its purely dental aspect, and so ensure that not only the output of the work, but also the standard attained, shall be satisfactory.

(10) The necessity for the closest co-operation between the Medical and Dental Branches of the School Medical Service is recognised and the adoption of the following recommendations will it is considered render such co-operation easier of complete attainment than is possible under existing conditions : (*a*) that one or more duly qualified and registered dental surgeons should be appointed to the staff of the Board of Education, who would be directly responsible to the Chief Medical Officer and whose duties would be to direct and supervise the work of the whole body of school dental officers, and (*b*) that the chief dental officer to an Education Authority should be directly responsible to the Medical Officer of Health for the administration of his department.

(11) ORGANISATION. (*a*) *Inspection.*—Inspections should be carried out in school at least twice yearly. A sufficient number of children should be inspected so as to reduce the waiting period to a minimum.

Unless specially required for statistical or estimate purposes, except for dentally sound children, detailed charting at the time of the inspection is not desirable, as such a procedure tends to prolong unduly the time spent by the dental officer on inspection work.

The number of children which can conveniently be inspected in a session will vary within wide limits, because of certain unavoidable factors. These factors include the size of the school, the facilities available, the distance the dental officer has to travel, and also whether or not the parents are present. The inspection should be carried out with sufficient thoroughness to ensure that no child suffering from dental defects is passed as dentally sound.

A notification should be sent to the parents of each child found to be in need of treatment, pointing out the importance of such treatment being carried out, either at the hands of the family dentist or requesting the parents, if they wish the treatment to be carried out at the treatment centre, to sign an appended form of consent and return it to the headmaster of the school or to the Education Authority.

Much good may be done to increase the number of acceptances of treatment by (i) lectures or talks by dental officers to parents on such occasions as numbers of them can be brought together ; (ii) talks with the children at inspections, directing attention to the condition of their teeth, and the means of preserving them ; (iii) lectures to teachers, who are constantly in touch with the children, and are able to give the most valuable assistance by regularly calling attention to the necessity for oral hygiene ; (iv) visits to homes by health visitors, school nurses or voluntary workers.

(*b*) *Treatment.*—It may be taken that, for each session spent in inspection in schools, ten to twelve sessions will be required to carry out the necessary treatment. By a " session " is meant a period of not less than two and a half hours.

Two dental officers, or one dental officer with a medical officer as anæsthetist, should be in attendance when general anæsthetics are employed. The practice of extracting teeth—other than loose temporary teeth—without anæsthetics, general or local, is to be deprecated, as all possible steps should be taken to prevent children

associating dental treatment with pain. Under favourable circumstances fifteen to twenty children might be dealt with at each general anæsthetic session.

From statistics available it would appear that over a twelve months' period from three to five children per dental officer per session can be given complete conservative treatment and it is recommended that the requisite number of children should be summoned in order to allow this to be attained.

These recommendations are based on the assumption that adequate accommodation and assistance are provided.

Root fillings might be undertaken, in certain cases, at the discretion of the dental officers, to avoid the extraction of essential teeth. Numbers of children are found to have accidentally fractured incisor teeth, and where indicated these might be repaired by crowns.

(*c*) *Dietetics and General Systemic Treatment.*—The Association is impressed by the results of investigations into the causation of dental caries and it recommends that over and above routine curative treatment instruction to correct errors in diet and, when indicated, the prescribing of therapeutical remedies to promote a higher resistance to dental caries or its recurrence should be included in the scope of the Dental Health Service.

(*d*) *Casual Cases.*—A source of difficulty at present encountered in most school dental schemes is that presented by the "casual" or "special" case. By the limitation of the number of children a dental officer should examine and treat it is expected that the "casual" cases would be reduced to very small proportions.

(*e*) *Orthodontics.*—The results of school dental inspections indicate the pressing need for treatment to remedy irregularities of the permanent dentition, and the Board of Education has recognised such treatment as properly falling within the scope of school dental treatment. Orthodontic treatment should only be undertaken where the number of children per dental officer is such as to allow of the necessary time being allocated without restricting in any way routine conservation treatment. Where such conditions exist it is considered that treatment by means of extraction and/or simple apparatus should be adopted, and that long and complicated cases should not be undertaken as a routine practice. It is recommended that X-ray examination should be available, that complete case histories, together with progress models, should be kept in each case. The services of a consulting orthodontist should be made available for the assistance of the dental officer, as in the case of other branches of the School Medical Service, e.g. consulting orthopædic and aural surgeons.

(*f*) *Annual Reports.*—The function of an Annual Report is to present a comprehensive picture of the work of the Dental Branch of the Health Service. Such a report, prepared by the dental officer, should be published as part of the School Medical Officer's report, and include, in addition to such tables as may be required by the Board of Education from time to time, statistical tables showing (*a*) the condition of the permanent teeth of all children examined; (*b*) the number of permanent teeth extracted on account of (i) abscessed conditions, or (ii) orthodontia; (*c*) a detailed summary of "other operations" performed: (*d*) an analysis of the conservation treatment; (*e*) the distribution of sessions, i.e. inspection, general anæsthetics, ordinary treatment. The foregoing tables, together with a few explanatory paragraphs, notes on oral hygiene, or other matters of interest, would, it is considered, render a report of great value to the Local Authority, and to ratepayers who should be interested in the expenditure of public funds. It would, moreover, offer an opportunity of explaining dental problems to the lay public.

The difficulty experienced by dental officers in finding a satisfactory basis of comparison by which to assess the efficiency of dental schemes would, it is considered, be solved by the adoption of a uniform method of reporting on the lines of the minimum recommended above.

Other Public Dental Services.

(12) Maternity and Child Welfare, Tuberculosis, Mental Deficiency and Venereal Disease dental schemes are contained in this group. The dental officer may be expected to devote part of his time to the treatment of such cases, indeed the Committee considers that the variety so afforded is distinctly beneficial.

The treatment of *Nursing and Expectant Mothers and Young Children* was fully considered in the report on "Means of promoting preventive dentistry by the provision of 'Ante-natal' dental treatment and the dental treatment of nursing mothers ; by dental inspection and treatment of the pre-school child ; the school child and the adolescent" and "Dental Treatment and National Health."

Tubercular and Venereal Disease Patients.—Treatment in surgeries established at sanatoria or hospitals offer the best method of dealing with these cases. If of necessity these patients have to be treated in centres open to children and mothers, adequate disinfection of all rooms to which they have had access is very necessary.

Mental Deficiency and Blindness.—These cases are better treated at a special session.

(13) *Provision of Dentures.*—Many of the patients included in the above groups are found to be in need of denture treatment and such provision is a very necessary part of the service. There are two possible methods of dealing with the supply of dentures for these patients : (*a*) by the private practitioner, (*b*) by the local authority. In (*b*) the local authority provides the dentures at a scale of fees sanctioned by the Ministry of Health.

Public Assistance Dental Treatment.

(14) Under the Local Government Act of 1929 the functions of the Poor Law bodies were transferred to local authorities and administered by Statutory Committees of such authorities termed "Public Assistance Committees." Such committees have power to make arrangements for the provision of medical and dental treatment of necessitous persons. The cost of such treatment is recoverable from the person assisted and the patients may therefore be required to repay the whole or part of the cost of treatment received.

(15) Such patients should be permitted to choose the practitioner who is to carry out the treatment, which, but for financial stringency, they would probably have so obtained in the normal course of events. It is recommended that Public Assistance Committees should utilise the services of private practitioners in providing dental treatment for necessitous persons, at a remuneration not less than that laid down under the Dental Benefit Regulations.

Premises, Equipment, Staffing and Management of Treatment Centres.

(16) *Premises.*—The minimum accommodation necessary consists of : (1) Operating room ; (2) waiting room ; (3) recovery room ; (4) staff room ; and in centres where it is proposed to undertake the provision of artificial dentures or radiography ; (5) laboratory ; and (6) developing room would be necessary.

Dental Surgery.—This should be a light airy room, suitably heated ; good artificial light should be provided for operating on dark days. The room should have double doors or be of sound-proof construction. A suitable supply of running hot and cold water to a sink and wash basin, gas and power points are also essential. The comfort of the operator and patients will be enhanced by the provision of an electric fan for use in hot weather. The size of the operating room, while dependent upon the total space available, should be not less than 12 ft. square, and where more than one dental surgeon is employed, separate surgeries should be provided.

Waiting Room.—This should be bright and comfortable, of adequate size and with suitable lavatory accommodation. Where adult patients are to be treated, it is advisable to have two waiting rooms.

Recovery Room.—The size of this room will depend upon the number of anæsthetic cases likely to be dealt with at a session. It should be under the charge of a suitable attendant (preferably a State-registered nurse) and be provided with a couch or couches and sinks or spittoons with hot and cold water laid on. In the case of adults it is advisable that the room should be divided.

Dental Laboratory.—This should be within easy reach of the surgery, with which it should be connected by speaking tube or telephone ; ample window space should be provided, preferably with north aspect. Gas and power points and an adequate supply of hot and cold water to a sink should be provided.

Staff Room.—In addition to the above a staff room should be available for the dental officers and staff, together with cloakroom and lavatory accommodation.

Office Accommodation.—Provision should be made for the filing of records at each centre. The accommodation will vary according to the size of the centre and the number of clerks engaged in recording, sending out notices, appointments, &c. Cupboards for stocks of materials and linen may conveniently be placed in this room.

It is recognised that in certain thinly populated areas dental treatment may be undertaken with advantage in an adequately equipped mobile dental surgery.

(17) *Equipment.*—Pump chair having adjustable attachment for children ; fountain spittoon with saliva ejector ; bracket table ; electric engine ; dental cabinet with trays, drawers, cupboards, &c., apparatus for the administration of nitrous oxide and other anæsthetics ; sterilizer ; filling materials and drugs ; requisite supply of instruments ; receptacle for waste dressings, &c. ; operating stool ; chair and desk ; X-ray outfit.

Dental Laboratory.—Suitable work benches together with the usual equipment found in dental laboratories. It is important to ensure adequate ventilation.

(18) *Staff.*—Dental officer/s ; anæsthetist/s ; where necessary consulting surgeon, physician and consulting dental surgeon, radiographer and laboratory mechanic ; and adequate nursing and clerical assistance.

(19) *Management.*—Where more than one dental officer is employed, the senior should be responsible for the administration of the centre.

Dental Hospitals and Contributory Hospital Schemes.

(20) In addition to the agencies considered in the above paragraphs, dental treatment is available to large sections of the population through Dental Hospitals attached or otherwise to teaching schools, dental out-patient departments of voluntary hospitals and various contributory schemes.

(21) It is considered that Dental Hospitals and Dental Departments of General Hospitals should not take members of Approved Societies as patients.

(22) An exception to the above recommendation may be made in cases requiring specialist treatment such as X-ray examination, vaccine or light treatment, the supply of obturators and splints, and dental operations not generally performed by general dental practitioners.

(23) It is considered undesirable that Dental Hospitals should make agreements with industrial companies or societies for the dental treatment of employees or members, as, on account of the Dental Benefit available such employees or members are not in need of charitable treatment, and in fact form the natural clientèle of many of the younger practitioners who have been students of the Hospital.

(24) Under contributory schemes only such treatment should be given at any hospital as cannot be undertaken by a private practitioner.

(25) It is not considered desirable that Dental or Voluntary Hospitals should undertake ordinary dental treatment on behalf of public authorities, but rather that such treatment should be provided by private practitioners at an agreed scale of fees.

Where for administrative or other reasons it may not be desirable that patients should be treated at the surgeries of private practitioners, hospital premises may be utilised as a treatment centre, in which cases the honorary members of the dental staffs of such hospitals should receive adequate remuneration for their services in treating such patients.

The Adolescent.

(26) The problem of dental inspection and treatment of the adolescent during the period between school leaving age and qualifying for dental treatment under the National Health Insurance Acts has hitherto proved difficult, if not impossible of solution. The absence of any organised form of dental treatment during this important period nullifies much of the work of the school dental service and results in greatly increased charges on Additional Benefit Funds of Approved Societies in later life.

(27) Where dental treatment forms part of an Industrial Welfare Scheme, and a dental treatment centre is in existence, the problem is partially solved.

(28) For the great bulk of the adolescent population no provision is made. To meet this an experimental scheme now in operation in a municipal borough through the co-operation of the education authority and local dental practitioners indicates a possible method of solving the problem to some extent. It is realised that a scheme applicable to a particular locality might not be suitable for general adoption. In the following paragraphs, therefore, are indicated broad principles upon which local authorities and the profession might with advantage co-operate.

(29) It is considered that a practicable scheme should provide for the issue of a leaver's certificate of dental fitness. Each child when it has received a certificate of dental fitness when leaving school would also receive a pamphlet explaining the scheme, a list of practitioners participating and a parental consent form. The child would be required within fourteen days of leaving school to present the certificate and consent form to the dentist of choice, who would register the child on his list. Following an examination an appointment for six months ahead would be given and a few days before the date thereof a reminder sent. On each succeeding half-yearly visit the child would be examined and any necessary treatment given.

(30) Having regard to the fact that the adolescent's wage-earning capacity is low, payment would need to be on a capitation basis. On qualifying to receive Dental Benefit, the adolescent would automatically pass out of the scheme.

(31) The Association is of the opinion that some progress is possible on the lines indicated above, but it would not suggest that the solution offered could take the place of the complete closure of the gap by an extension of school leaving age and a lowering of insurance age, which would make possible the undertaking of responsibility by the State.

Summary.

(32) The Association, in offering the foregoing suggestions to local authorities and other bodies interested in the health of the nation, is fully conscious that many of them may be transient since the health needs of the people are constantly being met in other directions, extension of hospital treatment, Dental Benefit under the National Health Insurance Acts. It is, however, earnestly desired that such changes as may be effected will strengthen rather than weaken the bond of confidence between the patient and the family practitioner, with the great advantage of continuity of treatment by the latter, who possesses experience of the patient's particular needs. All future schemes of public dental service should, it is considered, foster the closest possible liaison between the public dental officer and the private practitioner, whose interest and service should be adequately safeguarded.

APPENDIX.

Remuneration of Dental Officers.

It is thought desirable that some indication of what is regarded as adequate remuneration at the present time should be given; and the following is recommended :—

That when a Local Authority employs more than one full-time or part-time dental officer, one of the dental officers should be appointed as Chief or Senior Dental Officer and be directly responsible for the work of the other dental officers.

That the minimum salaries of whole-time officers should be on the following scale :—

Chief dental officer with eight or more assistant officers	£800 p.a., rising to £1,000	within a period of not more than eight years
Chief dental officer with from three to seven assistant officers	£700 p.a., rising to £900	within a period of not more than eight years
Chief dental officer with one or two assistant officers	£600 p.a., rising to £800	within a period of not more than eight years
Single-handed officer	£500 p a., rising to £700	within a period of not more than eight years
Assistant dental officer	£450 p.a., rising to £650	within a period of eight years

That the minimum remuneration of dental officers working part time should be at the rate of £2 2s. per session of not more than two and a half hours, except in the case of those employed under the London County Council when it should be at the rate of £60 per annum for each weekly session of two and a half hours.

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